

CHEMIST & DRUGGIST

The newsweekly for pharmacy

a Benn publication

December 6, 1986

Cut-off facility
already in
Regulations
DHSS tells PSNC

Department to
extend blacklist
by indication?

PSNC focuses on
RDC problems

Swedes pull out
of ABPI

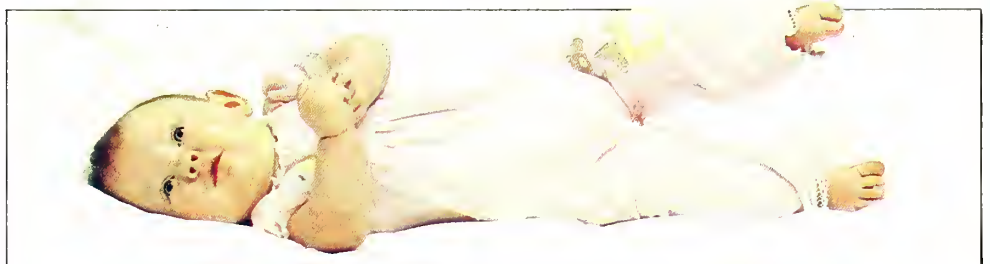
Selling in, selling
out: pt 2

Advances in
therapy: pt 1

Labour backs
no change in
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COMMENT



Wholesalers, like pharmacists, have been getting their "PR" act together.

The National Association of Pharmaceutical Distributors has co-ordinated public initiatives as well as lobbying politicians. Much of this activity could pay off shortly when the report of the Pharmaceutical Distribution Working Group, originally expected on July 1, is produced.

Doubtless there are good reasons for the delay, allowing for the enlargement of the Group to include a PSNC member. But any further procrastination, particularly if it is DHSS inspired, will be both illogical and unforgivable. This Government long ago spelt out the need for a cost-effective NHS — the clawback of discounts from contractors, the limited list, the cuts in profit under the PPRS are testimony to it. So it is understandable if the DHSS looks askance at the general level of wholesale discount enjoyed by contractors and deduces that there is still slack in the system.



Pharmacists have long accepted that wholesale discounts should equate to volume and level of service as well as terms of settlement and computer ordering. The NAPD will say that only wholesalers giving a full-line service should be allowed a full margin from the manufacturer, to pass on or retain, while the shortliners, offering fast movers only, should get less to reflect both their lower costs and restricted service. The present system of licensing wholesalers, which has allowed numbers to mushroom, is unsatisfactory. Differential discounts from manufacturer to wholesaler according to service

level to pharmacist would not be a restraint of trade as the pharmacist would still have a choice. Of course he has another one now — that of dealing direct with the manufacturer either as an individual, small group or multiple. Around 40 per cent of prescription medicines are now supplied outside the main wholesaler network with manufacturers supplying the bulk of this direct. The level of free car stock and permutations on the goods-in-kind theme is said to be at a record level.

How much more straight forward if the benefits of exercising a true entrepreneurial spirit are rewarded strictly through the system. Wholesalers have become more efficient and have "lost" some of their cost savings through "clawed back" discounts. If a cut in margin is to be the only reward for their efforts then the least the Government can do is to control properly the issue of wholesale dealers licenses and ensure that their profit relates to the service they offer.



Cut-off clause already exists says DHSS

There is a clause in the limitation of contract Regulations which can be used to enforce a cut-off date after which contractors must apply under the new rules, the Department of Health has told the Pharmaceutical Services Negotiating Committee.

In a letter received last week by PSNC (C&D p918) the Department says that under Regulation 27 an FPC can remove a pharmacy from the pharmaceutical list if it has not provided a service within six months of its application being granted. Anyone who applies under the current contract but does not supply a service within six months of the new Regulations coming into effect will have to re-apply.

PSNC is contesting this view. Chief executive Alan Smith told C&D: "We do not think that is true. Under the Regulation an application can be struck off, but there is nothing to stop it being re-instated. The suggestion is of doubtful validity." The matter is under discussion.

But while PSNC is pleased there is no mention of prior financial commitment in the draft Regulations, it is increasingly concerned over the size of the global sum that will be available when the new contract comes into full operation,

probably on April 1, 1987. "PSNC is more worried about the financial aspects at the moment," said Mr Smith. "One of our great problems is that we don't know what the Panel will say on profit formula, or the proprietor's notional salary and we don't know the result of the stock holding inquiry, or that proposed on activity sampling. The amount available for the 1988-89 balance sheet could vary between £300m to £500m."

The Committee is concerned that it may be asked to go into the new contract while there is such a vast grey area over what contractors are going to be paid.

PSNC is meeting with the Society on December 12 — its next meeting with the DHSS is on December 17. PSNC has put its arguments on additional pharmacist allowance, nil discount and fee related to period of treatment to the DHSS, but as Mr Smith says: "There are numerous items which need to be clarified."

FPCs threaten PPSC disruption

Refusal to co-operate on the setting up of Pharmacy Practice Subcommittees is one of a series of "embarrass the Government" measures being considered by FPC administrators as they pursue a pay claim.

Feelings are running high among the 98 members of the Society of Administrators of Family Practitioner Services. They are seeking recognition that, since the reorganisation of FPCs in April 1985, administrators have accepted additional tasks and responsibilities for which they are not being paid.

And, says Society president Mr H. Parsonage, they are seeking acknowledgement that FPCs must have sufficient staffing levels for the extra service they are being asked to provide.

Mr Parsonage is currently balloting his members on whether they are prepared to

support a series of disruptive measures which will be put into operation should the next meeting with the Whitley Council on January 14 prove unsatisfactory.

Mr Parsonage says all the measures are designed to cause maximum embarrassment to the DHSS and would not damage contractors or patient service. He stresses the measures have not yet been adopted as policy. "We hope common sense will prevail. But we have been treated badly and even moderate members are infuriated."

Mucodyne back?

The Government is re-considering a restoration of Mucodyne to the list of prescribable medicines.

Health Minister Tony Newton told Tory backbencher John Taylor in a written reply: "Following further representations from the manufacturers the Advisory Committee has again reviewed the position and we are presently considering its recommendations," he said.

Scottish Regs expected soon

The Scottish Pharmaceutical General Council was expecting to receive its version of the contract limitation Regulations and guidelines as C&D went to press on Wednesday.

Chairman Ian Mullen said one of the items he was most interested in was some form of cut-off date. No meeting is currently planned with the Home and Health Department, but the PGC aims to have the contract introduced on April 1.

The PGC is also looking to extend the Essential Small Pharmacy Scheme in Scotland. Some 40 per cent of low volume, but presently non-essential contractors have responded to a letter asking them to justify their inclusion in an expanded scheme.

"There will have to be a decision made soon as to whether we support extra pharmacies," said Mr Mullen.

Free needles for Oxon addicts

Two clinics are to open in Oxford supplying free needles and syringes to addicts.

The equipment will be provided on a "new for old" basis and the addicts counselled about the risks of sharing. According to Dr John Gallwey, Oxford regional adviser on sexually transmitted diseases, the aim is to counsel addicts who might not otherwise be reached, thereby helping to control drug abuse as well as AIDS.

Speaking to a Medical Journalists Association meeting in London, Dr Gallwey warned that no condom now on the market was strong enough for anal intercourse. There was no evidence that the Prophyltex Red Stripe brand promoted to homosexuals was any stronger than the BSI tested ones.

Dr Gallwey thought the Government's estimate of 30,000 antibody positive individuals in the UK was too low; his guess was nearer 50-100,000. By 1991 there would be nearly 400 AIDS cases per month diagnosed if the disease spread as anticipated.

Dr Roger Thomas (Lab) is urging the Government to ensure patients can secure urgent medicines outside normal trading hours in areas with no 24-hour seven day pharmacy service.

DHSS proposes to extend blacklist by indications

Prescriptions for non-blacklisted drugs for "blacklist indications" could be banned under new proposals from the Department of Health.

Health Ministers, in a consultative letter, propose a widening of the terms of reference of the Advisory Committee on NHS Drugs so that "a drug will be treated as falling within the categories — (antacids, cough and cold remedies, vitamins and so on) — according to the purposes for which it is or will be prescribed, even if the drug is not licensed for that purpose".

This would add to those drugs that are banned by name drugs outside the current blacklist, when prescribed for a blacklisted indication. This would include antibiotics prescribed for a cough or a cold, anti-inflammatories for mild analgesia, and allergic rhinitis products being used as decongestants. It is not known how such a scheme would be implemented.

The DHSS hopes to introduce the new terms of reference on January 1; closing date for comments is December 15.

The plan has already been condemned by the British Medical Association and the Association of the British Pharmaceutical Industry.

□ A woman patient has dropped plans to take legal action against Social Services Secretary Norman Fowler after he refused to supply on the NHS a blacklisted drug prescribed by her GP. *General Practitioner* reports that the patient is to receive ketazolam (Anxon), the only drug that controlled her epilepsy, direct from the Radcliffe Infirmary, Oxford.

Costly blacking

Hoechst UK lost £2m of Frisium sales in 1985 because of the limited list.

The drug is now available on the NHS only as an epileptic and no longer as an anxiolytic. In its 1985 annual report the parent company Hoechst AG says this Government intervention adversely affected their prescription drug business in the UK. However the development of the veterinary business and of affiliate A.H. Cox & Co, is reported as favourable.

The company claims record figures with profits before tax of £10.1m on sales of £584.3m.



Doubts cast of Immunovir usage

Continued use of inosine pranobex (Imunovir) outside adequately designed clinical trials is hard to justify, according to the latest *Drug and Therapeutics Bulletin*.

The drug affects the host's immune response and has minimal activity *in vitro* against viruses, say the *Bulletin*. The published evidence of clinical efficacy is confined to mucocutaneous herpes infections for which better drugs exist. Inosine pranobex has not been compared with established antiviral drugs, the *Bulletin* says.

The drug is marketed for use in herpes simplex and genital wart infections and although it has been studied in the laboratory and clinic for 20 years, the *Bulletin* points out that its efficacy has been questioned repeatedly.

Problems of AIDS vaccines

The virus responsible for AIDS — HIV — is one of the most difficult to make a vaccination against, claims Dr Maurice Hilleman, director, Merck Institute for Therapeutic Research, USA.

The virus is transmitted inside infected cells in the semen and blood where it is protected from the body's immune responses, particularly after it has crossed the blood-brain barrier into the central nervous system. Its surface antigens are constantly changing, more so than in influenza viruses, so any vaccine would have to keep changing to produce the correct antibodies.

The only hope, believes Dr Hilleman, is to develop vaccines that would produce antibodies to the infected cells and destroy them instead of destroying the virus directly. This might be done by using as antigens the proteins inside the virus core which do not change as much as those on the surface. Antibodies might then attack the core proteins embedded on the surface of infected cells.

The US National Academy of Sciences has predicted it will be two years before it is known whether such vaccines are possible and even then they would take at least five years to develop.

Cyanamid to bid for OTC market?

American pharmaceutical and toiletries company Cyanamid are to enter the UK OTC medicines market next year.

The company, which owns Shulton and Lederle, are aiming for sales of £20m by 1990, says consumer health products manager Stephen Swaby. Product areas are likely to include analgesics, nutrition, coughs and colds and skin care.

The new products may be marketed under the Lederle name, but the company plans to focus on strength of brand. An extensive PR campaign is planned.

Medicine desk

Nicholas Laboratories have launched a consumer advice service offering practical guidelines on family health — "the home medicine desk".

A series of leaflets are to be distributed through pharmacies. The first "Choosing painkillers for your family" explains how to choose the right analgesic for different age groups.

Problems with Clothier . . .

Given that the Clothier regulations are a compromise between two opposing points of view they are, in the circumstances, working satisfactorily, says PSNC vice-chairman David Coleman.

"Regrettably there are those — and I specifically mention Dr David Roberts of the Dispensing Doctors Association who, based on a number of activities of which Crawley Down is an example, seek to undermine Clothier and destroy the growing interprofessional co-operation," Mr Coleman told LPC secretaries and dispensing subcommittee members at a RDC seminar last Sunday.

He referred to three areas of concern, the first being prejudice. "If the *main* purpose of pharmacy is dispensing and advising on medicines, and the *main* purpose of a doctor is diagnosing and prescribing, then a pharmacy is prejudiced if that pharmacy, which has previously devoted 70 per cent of its effort to dispensing, should lose to a dispensing doctor a major portion of that dispensing, forcing the pharmacy to diversify — that is prejudice in my eyes," he said.

Conversely a doctor who loses some dispensing can increase the percentage of his time devoted to the *main* purpose. "For a doctor with a large list I cannot see the prejudice in allowing him to concentrate on the *main* objective," said Mr Coleman. He accepted that a GP in a remote area supporting branch surgeries might rely on dispensing for finance.

Another concern was the length of time applications take. The original Clothier discussions envisaged a fairly speedy resolution of applications. In one or two recent cases two years has elapsed from the time the pharmacist applied to the FPC, until the time that patients were transferred to the prescribing list.

This delay has occurred at the FPC, where in some cases uncertainty about rurality has increased the time by some months. There has been delay at the RDC sometimes because visits have to be made or further information gathered, and there has been delay while an appeal is heard. Finally the RDC may impose a period of time after the pharmacy opens before patients are transferred.

"This period might be reasonable if there was no appeal or the earlier time span shorter, but in such circumstances the delays — particularly where there is an appeal — are producing a unjustifiable extra penalty imposed on the applicant

pharmacy," said Mr Coleman. "It becomes almost impossible for an applicant to retain an option on property and further delay occurs while new premises are found."

Compensation was devised to smooth the transition from one profession to the other — in many cases changes have been achieved with great goodwill. "But I regret that in some instances it would appear that the doctors concerned have continued to oppose the pharmacy (as again at Crawley Down) and made its early opening more difficult. In these instances one questions the value of the compensation arrangements," said Mr Coleman.

Justice not done on appeal?

General Medical Services Committee chairman Michael Wilson, is concerned that when oral hearings are not held on appeals to the Secretary of State, justice may not be seen to be done.

Dr Wilson told *C&D* that this seemed to be the case with service committee hearings, and it was also true of the decision to overturn the Rural Dispensing Committee and allow a pharmacy to open in Crawley Down, West Sussex. For an appeal to be granted there had to be strong reasons, and it was difficult to see what they were without such a hearing. At Crawley Down the Secretary of State had overturned the opinion of the two professions and the lay people in the shape of the RDC, he said.

ABPI seeks data on human trials

The Association of the British Pharmaceutical Industry is to collect information on human volunteer research studies carried out in the first six months of 1987.

The move follows the recent Royal College of Physicians report on volunteer studies.

The ABPI has written to health authorities and independent ethical committees, contract research agencies and pharmaceutical companies asking them to provide details of all protocols submitted for approval between January 1 and June 30, 1987.

They will be asked to complete a register which will provide information not previously collected regarding the total number and types of volunteer studies being conducted. This information will be for statistical use only and strict confidentiality will be maintained in any subsequent publication of the data, with no individual committee or study identified, says the ABPI. A report will be published in Autumn 1987.

■ A £7m "molecular recognition" programme is being launched by the Science and Engineering Council, which could lead to new drug development. Its aim over the next three years will be to gain more understanding of the way biological molecules recognise and interact with each other.



The "OPD panel" at Thursday's Interphex conference. Speakers from the floor suggested industry would prefer to move towards a 30 unit pack (as opposed to the ABPI's 28) in line with European countries. All agreed with PSGB Council member Marion Rawlings that the present confused situation could have been avoided by decisive action from the DHSS. The EEC liability directive might force a decision, suggested John Sharp, from the ABPI. The session was chaired by R. Heskell, MPS. Due to pressure on exhibition space Interphex is likely to move to Birmingham in 1988

GMC to be unco-operative?

The General Medical Council may not co-operate with an attempt to control doctors taking financial interests in pharmacies.

The National Pharmaceutical Association has expressed concern to the Pharmaceutical Society about the situation, following reports of four cases where GPs or their relatives had set up a pharmacy in the vicinity of the surgery. While pharmacists are banned by the Code of Ethics from having a business relationship with a doctor, the medical code does not preclude an association with a pharmacist.

GMC deputy registrar Robert Gray told *Doctor* this week: "Any complaints about individual practitioners should be sent to the GMC and will be dealt with by the appropriate committee."

Effective 'ads'

Advertisements for Benylin, TCP and Cymalon have taken prizes in the Institute of Practitioners in Advertising's effectiveness awards.

Benylin's attempt to combat the effects of the limited list, which included the "pharmacy only" message, achieved second place in the established consumer goods category. TCP gained a commendation in the same category, for a campaign of high frequency Press advertisements, pinpointing areas of use where competitors had entered the market.

Cymalon took second place in the small budgets category. The winning campaign, on breakfast television, was said to have revived the brand after the launch campaign failed to build sales.

FT's top 500

Wellcome and Macarthy's make their debut in the Financial Times' top 500 this year, a listing of the biggest companies in Europe and the UK based on market capitalisation.

Wellcome is positioned 29 in the UK and 70 in Europe, while Macarthy's enters at 462 in the UK. Glaxo Holdings are eighth in the UK, and fourth in Europe, with ICI, Beecham, Boots, Fisons and Beckitt & Colman featuring in the top 130 in both lists, and L'Oreal in the British one.

New lamps for old?

I have, as you know, been willing to supply drug addicts with disposable syringes and needles. But in admitting this I have to admit also to a remarkable gap in my concept of a proper service. There is no way, as a pharmacist in retail practice, that I would be willing to accept back used syringes and needles unless I had the strongest of safeguards. Until it was suggested we should offer to exchange new for old, the idea had never crossed my mind. My complacency is disturbed by the question: "What do addicts do with their blunt needles?" Throw them away? Where? Who might pick them up by accident and so become infected by a cut?

It looks as though yours truly is going to have to think this through a bit more thoroughly. In the first place it would be a considerable act for us to accept responsibility for disposal because of the nature of the products and the risk of infection. It must be proper now for the Pharmaceutical Society not only to give clear guidance on the physical handling of these items, but to establish with FPC's, proper means of collection and destruction, on the lines currently used by hospitals and general practitioners. The scale of the operation would be small. We might, for example be supplied with a sealable box to be sent to the local GP surgery to go with their collections when the need arises.

No cut-off . . . no deal

In the affairs of man, time is of the essence. If ever this needed proof, then the delay in implementing the contract has proved it beyond doubt. When we agreed to the brusque demand . . . "take it, warts and all", because the benefits following the almost immediate limitation of contract would have contained the situation, it was assumed it would be law within three months. Nearly two years later it looks to me as though the ship has sunk.

With 700 new pharmacies already opened, and maybe another 300 applications in at the moment, the proposition that there would be a reduction in the number of contractors, thus saving the Government money and providing us with some security, looks ludicrous. If there isn't an immediate cut-off, back-dated even, there is no logic left in it. Our silk purse, which, to be truthful was only a cotton affair in the beginning,

now looks distinctly shabby.

When you consider that there is no word of any action against the opportunists who have so upset the previous situation, I find myself with considerable sympathy for the Northern LPCs.

The primrose path

Not so much to dalliance, but to health. Evening primrose oil, but virtue of its gamma-linolenic acid content, has been shown to produce substantial improvement in the health of patients suffering from rheumatoid arthritis. Ninety two per cent of them, which I find a considerable justification for the claims made for the product.

With half a dozen severely damaged patients using my pharmacy for their treatments, I would dearly like to have a copy of the paper of the study at Glasgow University Medical School, to forward to one of the GPs in my area because he was talking about the subject just recently. But then didn't we have a similar enthusiastic report, also from Scotland, of a trial of the New Zealand green lipped mussel in the same disease? In fairness, this time there would appear to be an understandable rationale behind the treatment.

Support for the zinc link

According to Topics in Treatment (C&D last week) the suggestion that zinc deficiency is an important factor in eating disorders, which I take to relate to *anorexia nervosa*, appears to be unfounded. I'm not convinced of this by any means, having seen remarkable improvement in three patients who had this horrid obsession. It may not be that they had a great shortfall in tissue zinc. The condition appears to me to have considerable mental overtones. It is a strange illness, but one which, from my casual observation, only really hits with force as an obsessive thing when weight is considerably lower than the 70 per cent normal weight described in the article. It is then that the patient's judgment distorts so that food ingested is deliberately ejected as though it were a contaminating material. Muscle tissue of the body is consumed to maintain life. I suspect it may be the effect of minute doses of zinc on brain function which breaks the cycle in this situation, rather than a direct body deficiency. But it's a long time since I was at college, and I, always more intuitive than scientific, am probably wrong?

'Competence should be assessed every five years'

Pharmacists' competence to practise should be assessed every five years by the Pharmaceutical Society to ensure they are able to practise pharmacy to a sufficient standard throughout their professional life.

That was one of the proposals presented to representatives of all but one of the UK schools of pharmacy at a meeting organised by Janssen Pharmaceutical at their headquarters in Oxfordshire last week. It was part of Janssen's Pharmacy 2000 series.

Dr Ian Naylor of Bradford University, co-organiser of continuing education in the Yorkshire region suggested the future education of pharmacists needs to be seen as continuous. It could start with the introduction of more formal monitoring of the pre-registration year culminating in a *viva* examination in professional aspects, law and ethics and applied drug knowledge.

A similar suggestion was made by the Young Pharmacist Group vice-president Mark Koziol, who said that the present situation of almost "automatic registration" at the end of the pre-registration year has to be replaced by a formal exam with no guarantee of success. This was one of the recommendations of the YPG's report on education which was also presented at the Janssen seminar (*C&D* last week p921).

Dr Naylor said that the practice certificate gained after the examination at the end of the pre-reg year should have to be renewed every five years either by passing a series of written papers on the

three areas tested at the end of the pre-reg year and a *viva* or by collecting 50 hours of continuing education credits since the last renewal. Both types of assessment would then be followed by assessment of the professional practice in the pharmacy by a Pharmaceutical Society inspector trained for the task. Failure would mean a pharmacist could no longer practice.

Dr Naylor explained that five years was a suitable period because it was thought by some that an individual's knowledge decreases by half in that time — what the Americans call 'knowledge half life'.

Incentive scheme

Professor Paul Spencer, from the Welsh School of Pharmacy, UWIST, suggested that incentives could be used to entice pharmacists to attend continuing education courses. Cheap indemnity insurance or additional payments in the form of a "good practice allowance" for attenders were suggestions.

The YPG feels that pre-reg tutors should receive regularly updated formal training; each pre-reg student should have an academic and practice tutor. Pre-registration pharmacists should concentrate on professional aspects and should be more closely defined and monitored by the Pharmaceutical Society.

As for the undergraduate course the YPG would like to see a clearly defined common core of subjects more closely monitored by the Pharmaceutical Society, including tuition and examination in clinical pharmacy, communication skills, response to symptoms and health education, and teaching methods that encourage student

participation, like workshops and seminars.

The YPG also feel that schools should be more involved with placing students in vocational pharmacy jobs and every school of pharmacy should have teacher practitioners in hospital and community pharmacy.

Some participants were doubtful that communication could be taught and even less convinced that it could be assessed.

Mr Koziol agreed that there were two "schools of thought" on the matter but he believed that certain aspects of communication could be taught.

The YPG also want to see all candidates offered places at schools of pharmacy interviewed and that entrance requirements should take into account communication skills, social awareness and personality as well as educational achievements.

Dr Jeff Poston, clinical pharmacy lecturer at the Welsh School of Pharmacy, UWIST, presented a revised undergraduate course structure to the group. He proposed that tuition based on product knowledge had to be substituted with a clinical approach. Indeed, the consensus that emerged from reports such as Nuffield and the Government paper on primary health care was that more clinical material needs to be taught at undergraduate level, he said. A knowledge of basic science would provide a base for teaching students about drugs, people and disease which could be drawn together to give an appreciation of therapeutics. Teacher-centred tuition should be replaced with student-centred teaching. The usual didactic approach should be replaced by problem solving and there should be more patient contact.

The pharmacist's extended role embraces three areas, Dr Poston suggested: they can contribute to safe, effective and economic use of medicines; they can contribute to health promotion and they can advise on the treatment of minor ailments.

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End of evolution of role in sight

The profession of pharmacy is now gearing itself for the completion of a 20 to 30 year task, achieving and hopefully capitalising on the full recognition of its change from an original manipulative base to a patient orientated role. So said Dr John King, managing director, Galen Ltd, in the annual address at the Queen's University of Belfast prizegiving.

The Government's Green Paper and the Nuffield Report have endorsed the importance of pharmacy and expressed a desire for extended activity. And there appears to be unanimity in the recognition that pharmacy is an underutilised profession.

Those of you who have studied Nuffield will realise that it is a powerful independent advocacy for pharmacy

recognising the education and training received by the pharmacist and progressing its utilisation throughout the NHS.

There is now a desire to reflect aspects which have accompanied the altered activities of the hospital practitioner onto the community pharmacist with particular reference to increased responsibilities in the caring for those most at need.

Such changes require a legislative base in conjunction with a greater jurisdiction and guidance from the professional body on conduct, but above all they require an altered framework for financial remuneration under the NHS contract which will seal the recognition of the profession's changing role. Without this all the recognition in reports and discussion will shortly disappear.

It is perhaps unfortunate that powerful presentations favouring the final evolution to patient-oriented approach for pharmacy have arrived in a time of financial stringencies and changing attitudes towards the provision of services in the public sector.

Queen's success

Some 37 students graduated with the BSc degree in pharmacy from Queen's University of Belfast, four with first class honours — Miss C.M. Keenan, Mr B.G. Quinn, Miss M. Stevenson, and Mr S.H. Traynor.

Second class honours were gained by 14 students in Division 1, and 17 in Division 2. Third class honours and a pass degree were obtained by two students.

The department had been equally successful with higher degrees, head of the department Professor P.F. D'Arcy reported at pharmacy prize giving.

PhDs had been awarded for Mrs Katherine McClelland (Pharmaceutics) and Colin Adair (Pharmacology). The MSc degree in hospital pharmacy was gained by Mrs Rhona Fair, Miss Judith Wallwin, Mrs Debra Paul, Mr Derek Elliott and Miss Susan Fogarty. In addition three other hospital pharmacists will be completing their examinations for the MSc degree during the present term.



Mr S.H. Traynor (centre) winner of the Pharmaceutical Society of Northern Ireland's Gold Medal graduated with a first class honours degree and six of the 17 prizes available from Queen's University of Belfast. Pictured with him are (left) head of department Professor P.F. D'Arcy and the then PSNI president Derek Corbett

Pharmaceutical Society of Northern Ireland prizes

Medal for outstanding merit in final year: S.H. Traynor

Distinction in level 3 studies: S.H. Traynor

Distinction in pharmaceutical chemistry level 3: S.H. Slaine

Other awards

Best project final year (Pfizer): S.H. Traynor

Pharmaceutics and pharmacology level 3 (Martindale The Extra Pharmacopoeia): S.H. Traynor

Pharmaceutics level 3 (Ulster Chemists' Association): S.H. Slaine

Professional and clinical studies (R. Boyd, Abernethy): Miss C. Thornbury

Joint elective subjects level 3 (Astra): S.H. Traynor

Business management elective level 3 (Sangers (NI) plc): S.H. Traynor

Level 2 Studies (Boots Co): Miss D. McBriar

Dispensing level 2 (ICI): Miss A. McAdam


Pharmaceutical legislation level 2 (Parke-Davis): Miss D. McBriar, Miss A. McAdam

Pharmacology level 2 (Smith Kline & French): Miss A. F. Sheridan



Pharmaceutics level 2 (Smith & Nephew): Miss G. E. Kennedy

Pharmaceutical chemistry level 2 (Galen Ltd): Miss A. P. Hewitt, Mr P. J. McCallion

Distinction in level 1 studies (Ivex Pharmaceuticals): Miss O. McCallion.



Diazepam can cause anxiety





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Hills Pharmaceuticals Ltd.,
Herbert Ferryman Ltd., Mawson & Proctor Pharmaceuticals Ltd.,
Northern Pharmaceuticals Ltd., or Vestric Ltd



'Blacklisted' Pameton is back

Winthrop Laboratories are making available their hepatoprotective paracetamol and methionine product Pameton, which is already "blacklisted".

Pameton was blacklisted by the Advisory Committee on NHS Drugs on the grounds that there was no clinical need. Winthrop say the mild analgesic in this formulation should prove particularly useful where the possibility of misuse or overdosage exists.

Each white, unmarked, capsule shaped tablet contains 500mg paracetamol BP and 250mg DL-methionine, a precursor of glutathione which removes a reactive paracetamol metabolite from circulation.

The tablets should be used with care in patients with severe liver damage. Methionine may inhibit the effect of levodopa. Pameton is Pharmacy only, and is packed in cartons of 60 (£2.77) trade. PL 0071/0216 *Winthrop Laboratories, Onslow Street, Guildford, Surrey GU1 4YS.*

Fruitful

Roses' Diabetic Squash is now free from artificial colouring, says Arun Products Ltd. The appearance of the lemon and orange varieties now derive entirely from the fruit content. "No tartrazine or other artificial colours" is flashed on bottle labels. *Arun Products Ltd, The Square, Barnham, Bognor Regis, West Sussex.*

Primrose packs

Britannia Health Products have completed the repackaging of their Efamol evening primrose range with colour-coded design of the 90-capsule packs of Efamol 500 and Efamol Plus. A new leaflet on Efamol is also available. *Britannia Health Products Ltd, Forum House, 41-75 Brighton Road, Redhill, Surrey RH1 6YS.*

Heidi hi!

The Ginsana range of products from Switzerland, containing G115, the standardised ginseng extract, will be available in the UK from January 1.

The products — capsules (30 £6.35) liquid (250ml £6.35) and chewy tablets (24 £3.37) contain Panax ginseng C.A. Meyer roots which are cultivated on the Swiss



firm's own plantation in South Korea.

The Ginsana range is being distributed through Potters Herbal Supplies, who are offering a special trade launch pack, POS material, a free gift and the chance to win a Swiss hamper. Copies of research papers can be obtained from the Ginsana Information Bureau, Effective House, Rainhill Road, Rainhill L35 4LD. Distributors: *Potters (Herbal Supplies) Ltd, Leyland Mill Lane, Wigan, Lancs.*

New crocks

Antiference Ltd's Bel Products Division is making its Mealtime Independence range available to the chemist trade in new free-standing display packs.

The range is designed for people with restricted hand movement.

An introductory trial package containing two of each of the packs at a discounted price is available. *Antiference Ltd, Bel Products Division, Bicester Road, Aylesbury, Bucks.*

Salus (UK) are launching Alpenkraft herbal candies (£0.48, 75g bag).

Produced in Germany, the sweets contain sugar, honey, malt and selected herb extracts and leave a fresh taste in the mouth, say *Salus (UK) Ltd, 15 Rivington Court, Woolston Grange, Warrington, Cheshire WA1 4RT.*

PRESCRIPTION SPECIALITIES

CP Pharmaceuticals have added Monoparin 5,000 units per ml 5ml ampoules, (10s, £9.75 trade) to their heparin range. *CP Pharmaceuticals Ltd, Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9PX.*

Salazopyrin EN-tabs 100 packs no longer have a foil seal over the neck of the pack, due to an improvement to the cap, say *Pharmacia Ltd, Pharmacia House, Midsummer Boulevard, Milton Keynes.*

Calthor tablets 250mg and 500 mg are now being packed in amber glass bottles, labelled and cartoned, containing 120 tablets per bottle. *Ayerst Laboratories Ltd, South Way, Andover, Hampshire SP10 5LT.*

Searle bonus

Searle Pharmaceuticals are currently running the following bonuses on Lotussin cough mixture. On orders of three dozen, 15 as 12; six dozen, 16 as 12; 12 dozen, 17 as 12; 24 dozen, 18 as 12.

Window display and POS material are available from Searle representatives. *Searle Pharmaceuticals, Whalton Road, Morpeth, Northumberland.*

CHRISTMAS CLOSINGS

Allen & Hanburys Ltd: from noon on Wednesday, December 24 through to Monday, January 5. Urgent calls will be dealt with on Monday 29, Tuesday 30 and Wednesday 31 December on 01-422 4225.

Beecham Research Laboratories and Bencard: from noon on Wednesday, December 24 through to Monday, January 5. An answerphone service will be in operation for this period, on 01-560 2876 for Beecham, and 01-560 8972 for Bencard. Orders for delivery before Christmas must be received by Tuesday, December 9.

Biorex Laboratories Ltd: from 1pm on Wednesday, December 24 through to Monday January 5, 1987.

Duncan Flockhart & Co Ltd: on Thursday and Friday, December 25 and 26, and on Thursday and Friday, January 1 and 2, 1987.

Glaxo Laboratories Ltd: on Thursday and Friday, December 24 and 25, and on Thursday and Friday, January 1 and 2, 1987.

Diprosone duo packs will be available from Kirby-Warrick Pharmaceuticals from January 1, 1987. Available in both cream and ointment presentations, the packs contain Diprosone steroid 30g, and Diprobace emollient, 100g (NHS price £4.92). *Kirby-Warrick Pharmaceuticals Ltd, Mildenhall, Bury St Edmunds, Suffolk, IP28 7AX.*

Boots are replacing tartrazine yellow colouring with quinoline yellow in their **Froben** 50mg and 100mg tablets. Visually there is no change in the tablets. Tartrazine-free packs will be identifiable with Lot numbers 51 or more. *The Boots Company PLC, Thane Road, Nottingham NG2 3AA.*

Chemist & Druggist 6 December 1986

SPRAY ON HAIR COLOR

As Seen On TV

Hair and Body

Glitter Spray

Two Tone

Lean

COLOUR FOR HAIR AND BODY



Colour Spray for Hair

Fluorescent Ultra-Glo

Jerome Russell

Jerome Russell

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101 Sunnyside Road, Ilford, Essex IG1 1HY England

Brushing, Blowing and Learning to Smile



Pharmacy line for Venos

Beecham Proprietary Medicines have introduced a Pharmacy only children's cough mixture into the Venos range.

Venos's nighttime is a sugar free blackcurrant flavoured syrup. Each 5ml dose contains dextromethorphan hydrobromide 3.75mg and chlorpheniramine maleate 2mg in a demulcent non-cariogenic syrup (Lycasin).

The dosage for children eight years and over is two 5ml spoonfuls to be taken once at night. For children aged three to eight years the dose is one 5ml spoonful at night. The preparation should not be given to children under three years except on medical advice. The product, with a measuring cup, comes in two sizes — 100ml at £1.39 and 160ml at £1.85.

A £750,000 national television campaign will support the product during February with 30 second commercials. And a counter display tower stand and introductory bonus will be available.

Marketing director Simon Pulsford says "We are putting greater emphasis on Pharmacy products and our major supported brands. Venos's Night-time will be followed by other 'P' products over the next two years." *Beecham Proprietary Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Owen Mumford Ltd's Accupen, Auto Injector and other OTC lines are now available through Unichem, with other wholesalers expected to follow. *Owen Mumford Ltd, Medical Division, Brook Hill, Woodstock, Oxford.*

Gold for Xmas

Cussons are spending another £300,000 on television advertising for their imperial Leather Gold shampoo.

The campaign is running from now into the New Year in the Anglia, Granada, Midlands, Scotland and Yorkshire regions.

And this additional airtime coincides with availability of a trial size shampoo (£0.49) and six million money-off coupons featured on Imperial Leather soaps. *Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.*

On the Horizon

Horizon, the dealer arm of Dixons Colour Laboratories, are running promotions on their own brand film, with posters, mini posters and enlargements in the run-up to Christmas.

Horizon, Dixons Colour Laboratories Ltd, Argyle Way, Stevenage, Herts SG1 2AR.

Match that!

Poly Hair Care are backing their hair colourant testing product, Shademarks, with a £500,000 television advertising campaign.

The commercial, entitled "Little by Little", will run until next week in Tyne Tees, Anglia, Yorkshire, HTV and TSW, with another burst planned for February. And the company is backing the whole hair care range with a competition in *Woman* magazine (November 29), where ten readers will get the chance of a trip to London, clothes and a portrait taken by photographer Patrick Lichfield. Distributed by: *Warner-Lambert Health Care, Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY.*

Great Scotties

Bowater Scott are distributing almost ten million 10p off coupons for Scotties soft white and rainbow tissues in magazines like *Woman's Own*, *Woman's Realm*, *My Weekly*, *Chat*, *Good Housekeeping* and *Cosmopolitan*.

The coupons, which are part of a larger Autumn television and newspaper advertising campaign, are redeemable until the end of this month, say *Bowater-Scott Corporation, Bowater-Scott House, East Grinstead, West Sussex RH19 1UR.*

Arrid update

Carter-Wallace are introducing a solid form of their Arrid for men anti-perspirant deodorant, (£1.59, 68g) with an introductory offer of 25 per cent extra free and a trial price of £1.29 while stocks last. And packaging of Arrid deodorant has been modernised, with the width of cans reduced to meet the "Prescribed Quantities Directive" specification, say *Carter Wallace Ltd, Wear Bay Road, Folkestone, Kent.*

Temazepam can cause insomnia

Sleepless nights from worrying about where to get your generics? Relax. With Hillcross Generics you'll find just what you're looking for.

Competitive prices, consistent product quality and rapid wholesale delivery right when you want it.

Hillcross Generics - it's quality delivered at the right price.

Please ask for this month's offers from your local branch of
HILLCROSS GENERICS
 Hills Pharmaceuticals Ltd.,
 Herbert Ferryman Ltd., Mawson & Proctor Pharmaceuticals Ltd.,
 Northern Pharmaceuticals Ltd., or Vestric Ltd



Nivea heads on into hair care

Smith & Nephew are introducing their first Nivea shampoo and conditioner to Britain, and backing them with a £1.5m television advertising campaign and sampling promotion.

Targeted at the frequent wash, non-medicated sector and primarily at 15-34 year old women, the products, (shampoo, £0.85 250ml; conditioner, £0.95 200ml)

packed in Nivea's blue and white livery, are available in one size and variant, which the company says is suitable for all hair types.

A 40-second television commercial, will run nationally in an initial £750,000 campaign throughout February, followed by a further £750,000 spend mid-1987. The launch will also be backed by introductory trial size samples (£0.25 45ml) and several cross-product promotions.

"The products have been successful in Europe since their introduction in 1984, and we expect a similar reception in Britain," say *Smith & Nephew Consumer Products Ltd, Alum Rock Road, Saltley, Birmingham B8 3DY.*

Making waves

Rimmel are introducing a range of two-tone eye shadows and pencils for 1987. The Wave Length eye pencils (£0.99) and New Wave shadows (£1.09) are available in six variations, both selling at £0.99 as an introductory offer while stocks last, say *Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE.*

ON TV NEXT WEEK



GTV Grampian B Border C Central CTV Channel Islands LWT London Weekend C4 Channel 4	U Ulster G Granada A Anglia TSW South West TTV Thames Television Bt TV-am	STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees
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Actifed linctus/expectorant:	All areas except Ulster
Askit powders:	GTV, STV
Beechams powder capsules:	All areas
Benlylin day & night:	Y
Benlylin expectorant/paediatic:	All areas, C4
Hills Balsam:	C, TTV, C4
Imperial Leather Gold Shampoo:	STV, G, Y, A
Jerome Russell products:	All areas, Bt
Karvol:	All areas
Lipcote:	All areas
Listerine:	All areas
Mentholyptus:	All areas
Oxy:	All areas
Peaudouce babyslips:	Bt
Polaroid Image System cameras:	All areas
Poly Hair Care's Shademates:	TT, A, Y, HTV, TSW
Resolve:	All areas
Robitussin cough medicine:	All areas
Sanatogen vitamins:	All areas
Sensodyne toothpaste:	GTV, STV, G, Y, C, A, HTV, CTV, TSW, TVS, LWT, TTV, TT
Simplicity:	All areas, C4
Sinutab:	All areas
Strepsils:	All areas
Yardley Chique, Lace, White Satin, Pure Silk and Gold:	All areas, C4, Bt



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Gaining from profit sharing

Any proprietor pharmacist alive to the power of a well-designed profit-sharing scheme to stimulate co-operation from staff should begin with a detailed analysis of his or her business. This should consider future prospects, as well as the past. Pharmacy is in a state of flux and it would be foolish to try to forecast whether it will be more or less risky in future to own a retail concern. There could be strong arguments in favour of spreading risk more widely, which profit-sharing does.

The owner who has accepted the philosophy of sharing risk, and who believes with reason that business is sound and likely to remain so, is ready to look at the mechanics. The imponderable question is: "Am I and my staff better placed to benefit if we have a profit-sharing scheme than if we don't?" There will almost certainly be fluctuation in the fortunes of the most solid pharmacies. But the experience of businesses with a profit sharing arrangement encourages us to believe that the idea is, in general, one to be embraced.

No scheme should be announced without full prior consultation with staff, accountants, solicitors — everyone involved in the pharmacy. Members of staff and, dare it be said, owners of thriving pharmacies, are not necessarily versed in analysis of profit and loss accounts and balance sheets. So some form of training might be necessary as a preliminary to discussion. In the case of very junior staff it could be necessary to bring parents into the discussion at an early moment; otherwise there might be distrust of the proprietor's motives.

Defining profit share

A careful definition of how the figure for profit to be shared is arrived at is essential. If the net profit before tax is to be used, it is obvious that the salaries charged against the gross profit must be determined in a way which will safeguard the participants. An unscrupulous proprietor could otherwise make sure that profit was at a minimum. Other costs, such as car expenses and various "perks," must similarly be monitored. Unless everyone involved is satisfied that the scheme is fair, and unless there is mutual goodwill, the objectives will not be reached. It follows that an independent person or body should be appointed to ensure that the sharing agreement is applied with justice and consistency, and there should be an arbitrator to give a ruling in a dispute. A crucial element in any contract is a statement of what happens if any of the sharers withdraw. Where the scheme works

Profit sharing calls for a high degree of understanding between parties, and for a clear definition of terms. Engraved in the mind of each participant should be the economic concept that profit is the reward for successfully bearing risk. No risk, no profit: and risk-taking often results in loss.

as a limited liability company, with participants holding shares, an awkward situation arises if someone retains the shares after departing, to join a competitor. The shareholder would be entitled to see the accounts and receive information valuable to his or her new employer.

Once a scheme has been drawn up and approved, all members should have a copy, together with a copy of the memorandum and articles if a limited liability company has been set up. The articles will detail the voting powers granted to the shareholders and the general conduct of the internal affairs of the company. The memorandum governs the relationship between the company and the outside world.

Although there are many advantages in forming a company, profit sharing can be enjoyed without such a step. Sometimes the whole thing is quite informal, with nothing in writing. Here, the boss announces that the pharmacy has had a good year and staff are to receive a bonus in return for their contribution to the enhanced profits. This kind of paternalistic approach is not so popular as it was in the forelock-touching days, but in the family type of pharmacy it can still work well. An informal arrangement based on trust and goodwill can be much more productive than a formalised scheme where these qualities are lacking. But the absence of written details could bring chaos when the owner dies or is taken ill, or wishes to dispose of the pharmacy. On balance it is wise to have business arrangements in writing, even or maybe especially where family and friends are involved.

Commission schemes might be regarded as a form of profit sharing, and the terms must be closely defined. Higher sales do not automatically lead to greater profits and it is often easy enough to stimulate turnover if due regard is not paid to maintaining gross margins and containing selling costs. So it is asking for trouble to offer unconditionally X

per cent of turnover over a certain minimum as a type of profit sharing incentive. A prudent owner paying a manager a salary plus commission would make the payment conditional on a certain minimum gross profit and a maximum sum for expenses. So in the end we come back to net profit as the decisive factor in any form of payment by results — however it is described.

A modified commission scheme would offer staff a percentage on selected products; the products being varied from time to time with the season: sunglasses in some months, and electric blankets in others. The obvious danger is that, with all commission schemes, "hard-selling" might be indulged in, with bad effects on goodwill. Part of the educational process referred to earlier should entail making a distinction between short-term and long-term profit.

For consideration...

One enterprising lady used to operate a scheme which could well be considered by some pharmacist proprietors. She decided on a sum of money which she felt gave her a satisfactory return on her investment in the business (not a pharmacy) and agreed that once she had received this amount the rest of any profit would go to the manager. Provision was made for inflation. Under this arrangement the major part of the risk bearing was transferred to the manager, but he or she had the prospect of exceptionally high rewards if results were good.

The essence of any profit sharing agreement is openness and honesty between the parties. Many owner-pharmacists are still over secretive about the financial details of their business, and this attitude could bar them from enjoying the very real benefits of fuller participation by staff. In the case of limited liability companies, and especially for public companies, much information is readily obtainable by those interested. And in other cases it is not difficult for a shrewd observer to form a fairly accurate assessment of how a pharmacy is faring.

Education is an essential part of profit-sharing. Often it is only when accounts are analysed that staff are persuaded that the boss is not making a fortune at their expense.

The research necessary before any owner can decide whether profit sharing is feasible is of great value in itself, irrespective of the outcome. If investigation shows that no pure profit is being made or likely to be made, fundamental questions should be asked. A key question is "do the intangible benefits I gain from my pharmacy compensate for the lack of fair financial return?"

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The art of seduction

Pharmacists may be losing money hand over fist simply because their shops don't entice customers to browse, or enable them to do so easily. In the second of his series on improving pharmacy merchandising, retail pharmacy consultant John Kerry looks at shop layout.

How many sales are lost in retail pharmacies merely because customers can't find what they want or can't reach it when they can see it? If it was only a modest 10-50 pence every day per chemist, the net result would be £15m lost each year. How many sales are lost every day because a shop's layout doesn't allow the customer to see clearly, move easily and shop in a logical manner, finding and selecting what she wants? More importantly, how many customers are lost for ever for the same reasons? These are some of the important factors of shop layout that affect a customer in a pharmacy.

Once inside the front door, the customer will not only want to feel welcome, but gather his or her thoughts about where to go. If you want to make life difficult, give customers no space to stop and think, hide their view of the shop with a seven foot high cosmetic or sundries stand, and make sure that customers behind have to push those in front out of the way to get in. A little space inside the door is important, and ideally from this point customers should be able to see every section of the shop.

Appreciating that humans, like bindweed, move instinctively in a clockwise direction, most customers will turn left and the shop's shape should encourage this. If the shortest distance from the doorway to the medicines/prescriptions counter is a straight aisle, back it. Customers should be encouraged to circumnavigate, seeing and selecting as much of the merchandise as possible. This is achieved by clever positioning of angled gondolas, displays and, heaven forbid, dumpbins. Impulse or unplanned purchases can form a large part of turnover if you plan it that way.

Conditioned as they are to self-selection shops, customers expect to find everything departmentalised, even in the smallest pharmacy. The biggest crime is putting totally unrelated products together on one shelf — hair sprays with fly sprays, because they're in the same sized can.

Not only should similar products be sectioned but each section should be associated as closely as possible with the next. This will again assist self-selection;

focusing the thoughts on one subject, it becomes a simple matter for the customer to move into a related area. The household section displaying disinfectant, toilet tissues, cotton wool and the like, fits in very nicely with baby care, and while a woman is shopping for shampoo and hair conditioner, she can be persuaded to purchase other personal care products from an adjacent fixture.

'Hot spots'

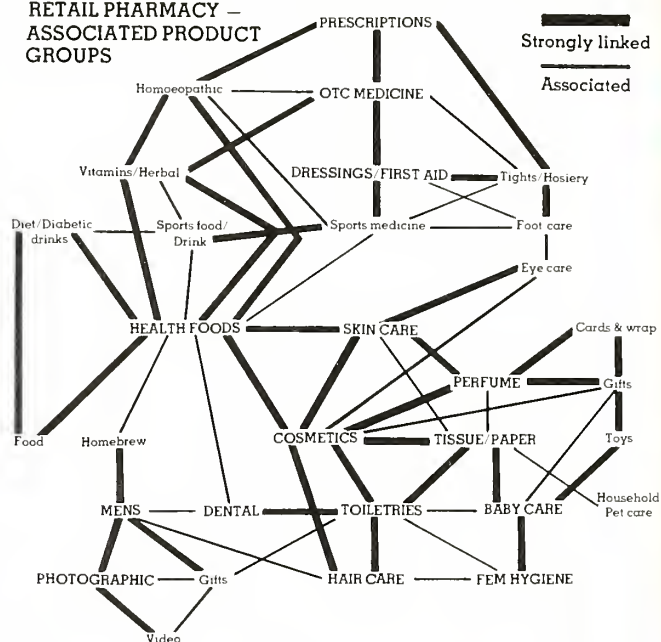
Now we come to shop layout; where should each section be? Only the individual can work this out, based on local knowledge of the population, their demands and competitive activity. In most instances the first department they will see is located on the left hand side as they enter the shop. Ideally this should be the most important demand line area, demand lines being those that the customer specifically visit the shop to buy. Baby foods, cosmetics, hair care and health foods can fit into this category. From this starting point the rest of the shop can be planned in a convenient sequence (see diagram) of links between products.

And make it interesting. Have you ever walked into any shop and seen shelves crammed with bottles, cans and packets? There's nothing more boring to a shopper, whose attention needs to be captured. Customers simply pass by these tedious shelves.

One way to relieve the monotony is by splitting up each demand section with impulse lines. Baby toys do a wonderful job between the foods and nappies. Colourful hair ornaments do the same between colorants and conditioners. Well-lit and dressed displays have a similar effect, as do

John Kerry has been in pharmaceutical marketing for 20 years including most recently four years as Vestric's marketing manager. For the past two years he has been running his own company, Kestrel Marketing and Promotions, providing marketing services to businesses in retail pharmacy.

RETAIL PHARMACY — ASSOCIATED PRODUCT GROUPS



signs, POS or even potted plants.

No matter how carefully layout is planned, certain positions in the shop will be "hot spots" where everybody stops, looks and often selects. Eye-level shelves, gondola ends, counter tops, by the till — superb positions for impulse lines, advertised products or those that have been recently launched. "Warm spots" are self explanatory, but the "cold spots" can become a big problem. They tend to be areas in the shop that are often badly illuminated, awkward to get at and not in the main traffic flow; low shelves, shelf-fitment ends and even sections against the window also fall into this "polar category". Warm them up with spot lights, 'Special Offer' signs and ensure they are accessible.

Bearing in mind how important it is for customers to be able to shop in an environment tailor-made to allow room to think, walk, stop, select and wait, it is surprising how many shops don't give them the room to do just that, due to the age-old and misguided belief that every square foot of a shop's floor space is selling space.

Four foot wide aisles are not extravagant, they allow a walking or wheeled customer to pass a stationary one, and give space for a browser to step back and view all of the fitment. Space is required also for an assistant and shopper, without impeding other customers. Provide chairs for waiting patients — good customers for impulse lines. A layout that allows no space for chairs, except in front of merchandise, means that the script queue can conceal everything on three or four shelf fitments.

Good layout is all about providing an ideal environment for customers to shop in. Encourage clockwise movement around the shop, have wide aisles and give every customer a panoramic view of all fitments, by restricting the maximum height of any gondola, or stand to between four and six feet. Break up monotony with features or displays, but don't add anything which blocks the view of merchandise. Above all plan the shop in logical sections allowing customers to easily find exactly what they want as well as encouraging impulse buys.

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BUY
AT
£6.58
EXCLUDING VAT

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PROFIT ON
RETURN
53%



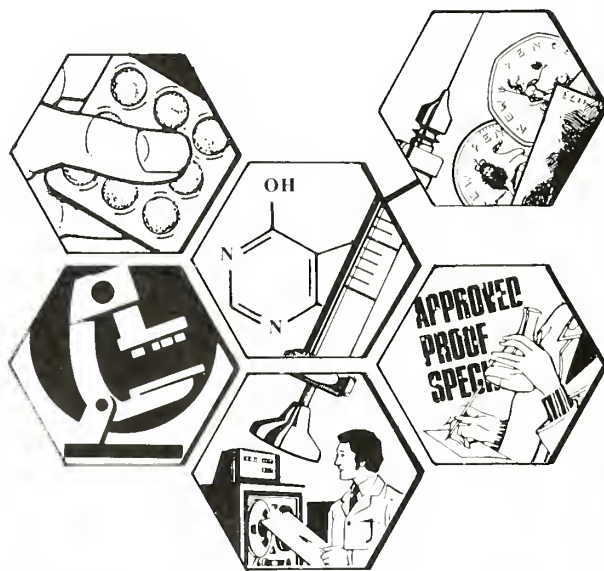
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R&D continues to suffer

In a business which is highly speculative and costly, the Government's hostile attitude towards the pharmaceutical industry is providing little incentive for increasing or even maintaining R&D, says C.R. Day, FPS, in part 1 of C&D's annual review of advances in therapy.



The last year has witnessed the reduction of many R&D operations by several companies with more than 1,000 job losses overall, and the whole future of new drug development in the UK is a matter of concern. Twenty years ago a new drug would expect to receive a product licence in about three months, today the time is some 15 months. The time for developing a new drug 20 years ago was four years at a cost of £6m, today the comparable figures are 10 to 12 years and a cost of £50m to £100m.

The importance of brand names to drug innovators should be emphasised, as the sales of a popular branded product help the manufacturer to finance further research. It

has been demonstrated that the average peak sales performance of a successful medical product lasts less than nine years, and by 14 years it will be on its way out. This is because the average patent life left after marketing, even with the "licence of right" proviso, is a mere eight years. Beyond this a company is dependent on the brand name and its marketing ability to hold market share. If, as has been suggested, generic substitution is permitted as soon as a patent expires, the effective capital generating time may be reduced to about two and a half years due to the flooding of the market with cheap copies from the Far East and Eastern Europe.

Centrally acting drugs

The ability of the withdrawn nomifensine (Merital) to induce acute haemolytic anaemia, is now thought to be due to an immunological mechanism in a few individuals who become sensitised to the drug. **Diclofensine**, which is chemically related to nomifensine, is now being studied, which raises the possibility of cross-reactions in nomifensine-sensitised subjects. Cross reactions are unlikely with other non-related antidepressants. Two other antidepressants, **fluoxetine** and **fluvoxamine**, which act by inhibiting the uptake of serotonin, are awaiting UK marketing approval.

Bupropion (Wellbutrin) is an antidepressant whose US launch has been delayed because some 8 per cent of patients being treated for bulimia nervosa developed seizures.

Treatment for drug addiction is difficult, time consuming, and requires many hospital beds. A new alpha-adrenoceptor, **lofedidine**, has been given a product licence for the management of opiate withdrawal and is expected to become available shortly. And, dopamine agonist bromocriptine may soon have a competitor in **lisuride**.

When diazepam is used as premedication, the post-operative patient may feel groggy for two to three hours. However, the benzodiazepine (BZP) antagonist **flumazenil** (Anexate) is being used to shorten the arousal time in patients given BZP-induced sedation. The patient comes round two to three minutes after being given the drug parenterally. It is also useful in the diagnosis and treatment of BZP overdosage. Anexate is due for launch in Switzerland shortly.

Gastrointestinal agents

Two prostaglandin derivatives — **misoprostol** (Cytotec) and **emprostil** — will shortly become available for the treatment of peptic ulcer. Prostaglandins stimulate HCO_3^- secretion and thus diminish high acid levels. They thicken protective gastric mucus and sustain mucosal blood flow so avoiding localised anaemia and ulceration.

In trials misoprostil has been found as effective as ranitidine and cimetidine with particular value in preventing the adverse effects of non-steroidal anti-inflammatory drugs (NSAIDs), and in ulcer patients who smoke or drink heavily. Some patients who fail to respond to H_2 antagonists improve greatly with prostaglandin therapy. Unfortunately some 4 to 9 per cent of cases treated with misoprostil develop diarrhoea, sufficiently severe to withdraw treatment in less than 1 per cent. Misoprostil, a weak abortifacient, is contraindicated in pregnancy.

Famotidine will soon take its place alongside the established H_2 antagonists. In

clinical trials it heals some 80 to 90 per cent of ulcers in eight weeks, a similar result to the two other H_2 antagonists. Relapse rates are broadly similar. Famotidine, unlike cimetidine, has no antiandrogenic activity, so gynaecomastia and impotence are avoided.

Omeprazole represents an entirely new group of drugs. An inhibitor of hydrogen potassium ATPase, the enzyme responsible for gastric acid secretion, it is active only in the presence of high acid concentrations so does not affect ion transport in other parts of the body.

Omeprazole has been given to some 4,500 people, in whom the two-week duodenal ulcer healing rates on 20 to 40mg daily varied from 58 to 83 per cent, while H_2 antagonists had healing rates of 44 to 60 per cent. At four weeks the comparative figures were 90 to 100 per cent, and 74 to 91 per cent. Good results were also obtained in patients with Zollinger-Ellison Syndrome resistant to H_2 antagonists. A product licence application is anticipated soon.

Gynaecology, contraception and urinary tract disorders

More than 50 per cent of women going through the menopause suffer some physical and mental disturbances, such as hot flushes, palpitations, mood swings, and changes to skin and sex organs, thought to be due to fluctuations in the blood level of oestrogen. Oral replacement hormones meet with mixed success because of uncertain absorption producing blood level surges which are sometimes little better than those that caused the problem initially. Transdermal administration of oestradiol as Estraderm — an adhesive skin plaster — is now available in some countries. The hormone enters the blood directly so avoiding first pass reduction; constant release gives constant blood levels. The plaster is renewed every three to four days.

Terolidine hydrochloride (Terolin) has anticholinergic and calcium antagonist properties. It relaxes the bladder detrusor

muscle and so increases bladder capacity, reducing the frequency of urination and the number of episodes of motor urge incontinence. Terolin is supplied as 12.5mg tablets with a dosage of one to two tablets twice a day. Frail, elderly patients should receive not more than one tablet a day. Effective, stable blood levels are reached in 10 to 14 days, and the drug should be continued for two to three weeks for maximum response. Side effects include oral dryness, visual disturbances, reduced lacrimation, constipation, dizziness, tachycardia and urinary retention.

Oxybutynin (Cystin, Ditropan) also has anticholinergic and antispasmodic properties for the treatment of urinary incontinence. It has been available elsewhere for several years and is the subject of a current UK licence application.

The search for a male Pill continues, but

it seems that there is no possibility of anything of practical use for many years. Sperm production can be suppressed by LHRH implants, but they also reduce testosterone production resulting in diminished libido and impotence. Long acting **testosterone oenanthate** may be the answer to this problem. It is given as a monthly injection; efforts are being made to develop an oral form.

Inhibin, a glycoprotein produced in the seminiferous tubules which selectively suppresses FSH, is being examined in both Australia and the US. It has been successfully made by biotechnological methods in the US, while in Australia scientists have cloned inhibin extracted from the ovaries of a cow. The next step is to clone human inhibin. As inhibin occurs in both testes and ovaries an inhibin "pill" could be used by both sexes.

Cardiovascular drugs

Calcium antagonists disrupt the inward displacement of calcium ions across heart cell membranes, and reduce the oxygen requirement of the heart and cardiac contractility. They are widely used in the treatment of angina and hypertension, with nifedipine (Adalat) among the more familiar names. **Nicardipine** (Cardene), like nifedipine, a dihydropyridine, has been introduced for the management of chronic stable angina and mild to moderate hypertension. It is claimed to have a more selective blocking action with no depressant effect on cardiac contractility. In clinical trials nicardipine appears to be as effective as other calcium antagonists, thiazide

diuretics and beta-blockers. It is well absorbed orally, but extensive first pass metabolism means a thrice daily dosage. An IV injection is available in the USA, and UK studies are envisaged.

The usual effective dose of Cardene is 30mg three times a day with a range of 60mg and 120mg. No serious side effects have been reported, but headache, oedema, palpitations and nausea may occur.

The more serious side effects of cardiac glycosides are arrhythmias and heart block which are usually controlled by stopping the drug and treating the associated hyperkalaemia. When these methods fail, the antidote **Digibind** may be used.

Digibind consists of digoxin binding fragments derived from specific antidigoxin antibodies raised from sheep. It is supplied as a lyophilised powder. Dosage is about 60 times the body load of digoxin given as an intravenous infusion over 20 minutes. Patients dependent on digoxin's inotropic action may show signs of heart failure, so inotropic support may be necessary.

High plasma levels of cholesterol or triglycerides give rise to blockage and hardening of arteries. Therapy aimed at lowering lipid concentrations helps to minimise progress of premature atherosclerosis. **Clofibrate** (Atromid-S) has now been joined by a related compound **gemfibrozil** (Lopid). First synthesised 18 years ago, gemfibrozil is believed to act by reducing the formation and increasing the elimination of very low density lipoprotein (VLDL), resulting in a reduction of LDL cholesterol and an increase in HDL cholesterol. Lopid is used only where tests show hyperlipidaemia uncontrolled by diet, and may also be of use in the diabetic lipid disorders.

A recent result of genetic engineering is **tissue plasminogen activator** (TPA), currently undergoing US trials as a thrombolytic agent in acute myocardial infarction. TPA is infused within four hours of the infection with or without beta-blockers, followed by balloon angioplasty to reduce coronary artery narrowing. It is said to be clot specific and should not cause the bleeding problems associated with streptokinase. **Eminase**, a streptokinase pro-drug, has been submitted for licensing in several European countries.

Dermatological agents

Minoxidil (Loniten) continues to create much interest because of its stimulating effect on the growth of hair in certain types of alopecia. Although there have been no clinical trials in the UK, a 2,000 persons 12-month trial has taken place in the US. Using a 2 per cent lotion, 76 per cent had some regrowth of normal scalp-type hair or a fine baby-type hair. The mode of action of topical minoxidil is unknown. The idea of a vasodilator effect increasing the supply of nutrients to the hair follicles, has been discarded in favour of the suggestion that the drug somehow encourages dormant hair follicles to reactivate. The topical application of minoxidil does not cause any changes in blood pressure, pulse rate or ECG. The makers of Loniten have applied for a UK product licence to market minoxidil

scalp lotion (Regaine) for the treatment of male pattern baldness.

Aldometasone (Modrasone), a mildly potent steroid, 0.05 per cent cream and ointment is considered a useful alternative to the more potent steroids in conditions that do not respond to hydrocortisone.

Skin ulcers in elderly patients and some operation wounds are notoriously difficult to heal. A novel German product, a **tetrachlordecaoxygen anion complex** (TCDO) which releases oxygen in contact with biological molecules and so stimulates phagocytes to increased activity against bacteria, has been used in double blind trial. TCDO and saline were compared in the treatment of difficult ulcers and wounds; it was found that TCDO was two and a half times more effective than saline.

On gravedigging

Nuffield has proposed that there be a modification of the rules relating to the supervision of the dispensing of NHS prescriptions. There is, understandably, much opposition to the proposal within the profession. I suggest it is seen as the thin end of the wedge; if we are *not* necessary for supervision, for what are we needed? But a thin end of the wedge already exists . . .

In the supply of prescription medicines there is an anomaly in that there are two worlds. There is the world of pharmacy in which standards are high and controls are strict. There is the upside-down world of so-called doctor dispensing in rural areas, in which there are no controls, no professional supervision and no professional standards of pharmaceutical practice. The requirements of the Medicines Act are ignored. It is likely that the requirements relating to the newer CDs are *not* appreciated and therefore disregarded.

Group practices are in fact health centres as envisaged in the NHS Act 1946. It requires registered pharmacists to provide pharmaceutical services in these centres. Therefore, it seems clear from the two Acts that Parliament's intention was, and presumably still is, that such services be provided by pharmacists.

That this is not the case in large tracts of rural areas is the fault of the profession

on two counts. Firstly, it has failed generally to open up in rural areas. Agreed, the one mile rule introduced in 1911 before the mass produced motor car, is a substantial stumbling block. But its extension to, say five miles should long have been major objective of the profession, and within this context I include the large public and private companies, both retail and wholesale. Secondly, the Pharmaceutical Society is the enforcing body under the Medicines Act. In so far as the breaches in the upside-down world of doctor dispensing are concerned, it has failed to carry out its statutory duties.

If it be speciously opinioned by the Society's Law Department that nothing can be done because of the way in which the Medicines Act is constructed, then the man on the Clapham omnibus would say that, in equity, that which applies to doctors also applies to pharmacists and *vice-versa* — a view confirmed by Mr Justice Gibson in the Tenterden decision.

We are back to and beyond the Nuffield recommendations; perhaps the anomaly is its source.

In the profession's neglect of the development of rural pharmacy, in the Pharmaceutical Society's paralysis in relation to the "unlawful" dispensing activities of both the dispensing doctor and his staff, is not the profession digging its own grave?

K.J. Knight
Crewkerne, Somerset

No drastic changes

Being alarmed by reports that Parliament had changed our contract out of all recognition I scoured the contract as overwhelmingly agreed at conference of June '85. The only difference I could find was that contractor pharmacists would have no statutory decision making power in deciding whether proposed pharmacies were "necessary or desirable". The belief that this is a drastic change implies an inevitable disagreement between professional and lay members over what is "necessary or desirable", and the presumption that PPSC meetings will be the battleground where contractors fight to prevent openings. Such an admission of bias serves only to justify Parliament's decision not to grant such powers.

Even more disturbing was the letter from Mr Holman (*C&D* November 22). After one encounter with the legislative organ-grinder resulted in our organs being thoroughly ground, he recommends

another dose, yielding up the right to terminate contracts. Can he believe this could be granted on a "first in — last out" basis by these same legislators?

What has changed since June '85 is that many pharmacies have fallen below the 16,000 level as a consequence of openings, and more will do so. Much more serious than any of this is the lack of an early "cut-off" date for applications. Since the PPSCs are determining the levels of pharmaceutical services they must give consideration to applications having the right of contract, although not open. If there occurs mass applications from chains of newsagents, grocers etc before the operative date, this would result in the "freezing out" of post-contract applications. We may even see individual small shops applying and then selling their "rights" to would-be proprietor pharmacists. I earnestly hope my interpretation is wrong, but if not, we are about to witness the worst collective blunder since Rupert Murdoch's printers walked out of their jobs.

A.D. Castell
Rainham, Essex

Verbal jousting

Without wishing to prolong the verbal jousting unduly, it must be said that I was not the only PSNC member to misunderstand Allen Tweedie's ambivalent actions (*Letters* last week). Having spoken to him since I can only say that if he thought the resolution (defining phase II items and put to the last PSNC meeting) was of major consequence and on key issues, he misjudged the situation. To me it was the weakest response we could have made, and however much you dress up "neither accept or reject" it was quite clear it meant "we accept it".

And what were those "ifs"? they asked for 1: An equitable treatment for nil discount items which we would have expected to accept anyway 2: An extra fee for prescriptions calling for more than 30 days supply 3: An additional pharmacist allowance.

All have some merit but even if we achieve them, what will we have gained in return for the concessions we have made plus our lost votes? Only measures that will be financed from the same global sum. In other words, nothing, because they will be financed from our own pockets. That was the reason for some of us feeling we should go back to square one on the *financial* side of the package. The legal part is a matter for Parliament to implement.

The Company Chemist Association's attitude has quite clearly been *totally* consistent throughout. It has *totally* opposed the package until it achieved all its objectives, ie the removal of contractors' votes at both national and local levels. It now knows it has nothing to fear from the new proposals so it supports them.

The comment that a recommended solution is "based on ideological cant and legal impossibility" is incorrect. Why is a party who grants a contract not also able to obtain the powers to terminate it? It might have been more difficult to get through Parliament, but at least it would have been capable of achieving the aims of the present legislation — a planned pharmaceutical service. The new regulations will do nothing to remove those pharmacies clustered in cities where they are not needed. It could also have been coupled with a realistic compensation scheme having a maximum payment of at least five times the present one. We may then have some applicants for it.

In his final two paragraphs Allen Tweedie seeks to give the impression of total support. I suggest that he considers the comments made to him in my presence.

P. Holman
PSNC member for S.E. Thames

Labour MPs back Government on licences of right

A political battle is developing over the Government's decision not to repeal the licence of right provision in the 1977 Patent Act.

Unusually Labour backbenchers are defending the Government — and in the process mounting a fierce attack on the multi-national drug companies. Fifteen Labour backbenchers have supported a Parliamentary motion protesting that the companies "are running a sustained campaign to protect their excessive profits, derived from their monopolistic position at the considerable expense of the NHS."

The sponsors of the motion, including Mr Harry Cohen, Mr Allan Rogers and Mr Laurie Pavitt, accuse the companies of seeking to circumvent the current legislation covering the ten most used drugs "by giving a licence at high royalty levels to their own subsidiary companies and resisting attempts by other suppliers, such as Generics (UK), to supply unbranded versions of these drugs at half the price". They also deplore the effects of the High Court decision taken in March "at the behest of Glaxo" which maintained

the high royalty level and banned imports of raw materials for the unbranded drugs.

The Labour MPs claim that the aim of the multi-nationals is to prevent any new generic products being launched for at least four years, by which time the independent generic companies would be forced out of business. They call on the Government to take action to "curb these unjustifiable business practices".

The drug companies have been defended by Mr Roger Gale (Con) who has tabled an amendment congratulating them "on the major contribution they make to health, wealth and employment in the UK". The amendment acknowledges the high financial commitment and risk involved in the development of new drugs, and urges the Government to amend the current provisions "to guarantee a fair return upon investment in the UK".

Representations made to the Government by the industry have emphasised that the provision in the 1977 Act was intended to be short-lived and that it is threatening to undermine the export performance of the UK pharmaceutical industry.

of installing the terminals and running the scheme will be "a matter for negotiation between retailers and the financial institutions" said APACS.

Nor is it clear whether banking societies will be joining in as well — APACs will only say that "appropriately qualified financial institutions" will be allowed to into the scheme.

Other details yet to be ironed out include who would bear the loss in cases of fraud, and how banks will decide who gets the cards.

Each bank will issue its own card, which in some cases will also serve as cheque and credit card, but all retailers in the scheme will accept all the cards. Banks will be free to charge varying rates among themselves, and will also be allowed to offer retailers "whatever range of terminal facilities and value-added services they judge commercially viable."

Unilever go US

Unilever have directed their biggest ever takeover bid at Chesebrough-Pond's, valuing the firm at £2.16 billion.

The move came as Chesebrough-Pond's faced a hostile bid from tobacco producers American Brands. Some parts of Chesebrough are likely to be sold off, say analysts — the hospital products business is already being shed.

Unilever's bid comes after their failure to take over Richardson Vicks last year for \$1.2 billion. On that occasion Proctor & Gamble stepped in to take the firm on board, and since then the City has expected a new move from Unilever.

No sale?

Safeway's UK management are playing down reports that the company's UK stores may be sold.

A *Financial Times* story this week said that selling off the UK operation was part of the company's plan to raise cash after the recent buy-out. Reports suggest Tesco, Sainsbury, and Argyl are interested in the sale.

Safeway's head of public affairs Tony Coombes said the reports were "no news". The parent company had only said they would prefer not to sell off any of the American operation if they have to sell anything, he said.

Some 31 of the UK stores incorporate pharmacies. Seven in-store pharmacies have been opened in the past year, and a similar number are planned for next year.

Script to follow

Parallel importers Eurochem are planning a major expansion in the New Year with the launch of a sister company, Script Ltd.

Sales and marketing director Phil Burgan says Script will produce a range of generic and OTC medicines.

The first Script products will be launched in January 1987.

EFTPoS trial

Electronic shopping is on the way, say the banks — but retailers may want a few questions answered first.

The Association for Payment Clearing Services this week announced that an inaugural scheme would be set up in three unnamed locations — said by the *Financial Times* to be Leeds, Edinburgh and Southampton — by the end of 1988. This will establish the national standards for EFTPoS and ensure that the needs of retailers and consumers are being met, says APACS.

No date has yet been set for completion of the trial scheme, and a number of other aspects also have yet to be decided — including who will pay for it. Banks will be paying the development costs, but the cost

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Swedes pull out of ABPI

Swedish-based pharmaceutical companies Astra and Pharmacia have left the Association of the British Pharmaceutical Industry.

"We felt the ABPI was not representative of companies such as ourselves," commented an Astra spokeswoman. No other reasons were forthcoming. A third company, Kabivitrum, say they have not yet left the Association, but are "considering it".

David Taylor, economic planning officer at the ABPI, said: "The decisions may have related to local circumstances. One of the two is affiliated to an ABPI member, and we do not expect any more companies to leave."

VAT debate

Backbenchers from all sides are supporting Liberal Paddy Ashdown's motion expressing concern about the damage rigid penalties for late VAT returns will inflict on small and newly registered businesses.

Mr Graham Bright (Con) asked why it was proposed that small businesses joining a system of annual VAT returns should be compelled to make nine successive monthly payments on account.

Treasury Minister Peter Brooke replied that the payment of anticipated tax liability by means of nine payments on account with an additional final adjusting payment would enable traders to transfer more easily from the existing quarterly accounting system. Such payments would protect revenue flows and were in line with many commercial arrangements for the payment of regular bills, he said.

Mr Brooke assured Mr Bright that the proposal would be reviewed following current consultation. He said that, up to November 28, he had received no reactions from organisations representing small businesses to the default provisions.

Pension plans

The Government is planning to simplify arrangements for setting up employers pension schemes, the DHSS announced this week.

For the first time employers will be able to offer pension schemes which are alternatives to the State earnings-related

scheme — and therefore pay lower national insurance contributions — without having to offer the guarantee of a salary-related pension. Their only commitment will be to put a minimum amount of contributions to the scheme. Employees will get tax relief on pension contributions which they would not get if still fully in SERPS and paying the same as standard rate national insurance contributions.

The scheme has been kept as simple as possible, the Department says, and administration will be done by the DHSS office in Newcastle.

As well as attracting employers not currently running pension schemes, the DHSS says it hopes the new rules will encourage those who already have salary related schemes to bring in staff who are not currently eligible — especially part-timers. Only 13 per cent of part-time workers are covered by an employers pension scheme at present.

The regulations will be issued in draft between now and the early New Year.

Xenova take two

Two former employees of Lederle Laboratories and Smith Kline & French have founded a biotechnology company, Xenova Ltd.

MD is Clive Crooks, former marketing director at Lederle, and research director is Dr Louis Nisbet, former head of antibiotic discovery at SK&F.

Their new company aims to isolate commercially valuable metabolites from micro-organisms for development. They also plan to undertake contract R&D with other pharmaceutical, animal, and biotechnology companies. Particular targets for research are rheumatoid arthritis, animal growth promotants, and enzyme inhibitors.

Xenova has been founded on venture capital and is not associated with any other company, they say.

New regulations on maternity pay go before Parliament this week. The new scheme for statutory maternity pay means women will get maternity pay direct from their employer. In order to qualify, a woman must have been continuously employed by the same employer for at least six months until the 15th week before her baby is due, and have average weekly earnings of more than £39 for the last eight weeks of that period. SMP will be paid for 18 weeks, and employers will be able to recover the amount paid in the same way as for statutory sick pay. The new scheme will come into effect on April 6.

Trunk call

The Government Consultation meeting on Pharmaceutical Services will take place at 9.15am on December 10 at Hannibal House, Elephant and Castle, London.

The meeting will be chaired by Social Services Secretary Norman Fowler, and attended by DHSS chief pharmacist Brian Willis. Pharmaceutical Society representatives are president Dr Booth, vice-president Bernard Silverman, Dr Hopkin Maddock, secretary John Ferguson, and Raymond Dickinson.

Monday, December 8

Plymouth and District branch, Pharmaceutical Society, 8 pm in the Board Room, Derriford Hospital, Plymouth. GP Dr Adrian White "Acupuncture".

Southampton & District branch, Pharmaceutical Society, 7.30 pm in the postgraduate centre, Southampton General Hospital. Dermatologist Dr J. White, on "Dermatology".

Tuesday, December 9

Barking and Havering branch, Pharmaceutical Society, meeting will now take place on December 9 and not December 10 as previously stated.

North Metropolitan branch, Pharmaceutical Society, 8 pm at School of Pharmacy, Brunswick Square, London WC1. Geoffrey Rose, Moorfields Eye Hospital on "Modern Techniques in Eye Surgery".

South West Metropolitan branch, Pharmaceutical Society, 7.30 pm at St Georges Hospital Medical School, SW17. "Technology Workshop" — displays of inhaler technology, chiropody products, blood urine and blood-pressure testing equipment.

Wednesday, December 10

Isle of Wight branch, Pharmaceutical Society, 7.30 pm in the postgraduate medical centre, St Mary's Hospital. Christmas meeting with festive food, lecture on Manor Houses of the Isle of Wight by Ron Winter.

Stirling and Central Scottish branch, Pharmaceutical Society, in the Regency Suite, Terraces Hotel, 4 Melville Terrace, Stirling. Senior clinical psychologist and Research Fellow of the University of Stirling. Mr K.G. Power on "Non-drug treatment of generalised anxiety". Meal provided courtesy of CP Pharmaceuticals Ltd.

Tunbridge Wells and District branch of the National Pharmaceutical Association, 7.45 pm at the postgraduate centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells. Mr David Sharpe FPS on the NHS.

Thursday, December 11

Epsom and South-West Surrey branches, Pharmaceutical Society, combined Christmas meeting at Winthrop Laboratories, Onslow Street, Guildford, Surrey GU1 4YS.

Glasgow and West of Scotland branch, Pharmaceutical Society, 7.30 pm in the Scottish Hotel School, Curran Building, University of Strathclyde. Mr A.L. Goldsmith from the Scottish Hotel School, on "Good Value Wines for Seasonal Drinking", tickets £3.00.

Friday, December 12

Harrow and Hillingdon branch, Pharmaceutical Society, 8 pm at 60 Kingsfield Avenue, North Harrow, Middlesex HA2 6AS. Trivial Pursuits contests with pharmaceutical modifications, cost £2.00.

The Society of Drug Research meeting on Antiviral Chemotherapy at The London School of Pharmacy, Brunswick Square, London WC1, will take place on December 16 and not December 17, as stated previously.

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Radio-pharmacy's 'Krypton' factor

Superfit pharmacist Lesley Wild beat a semi-professional footballer, and an England handball player to win her heat of television's "The Krypton Factor" on December 1.

Lesley, a staff pharmacist in radiopharmacy at the Royal United Hospital in Bath, romped home first over the assault course.

Lesley also won the intelligence test, solving the puzzle in a record 40 seconds.

Good performances in general knowledge and manoeuvrability tests counteracted a poor start that was due to nerves, she says. Her final score was 39, five points ahead of the runner up. Lesley, who was one of 8,000 applicants for 48 places in the competition, will be seen in the next round in three weeks' time.

Flynn 100 out in Isle of Man poll

British Pharmacists Association general secretary Charles Flynn has narrowly failed in his bid for election to the Isle of Man Parliament.

Mr Flynn came third in the two member West Douglas constituency election, his 680 votes being only 100 behind the sitting deputy speaker of the House of Keys, the Tynwald's lower



Pharmacist Denis Dougherty, President of the Ulster Chemist Association, has won a colour television in a Sterling Winthrop competition. He is pictured here (centre) in his Ahoghill pharmacy, with Haydock's Numark development representative Jim Malcolm (left), and Sterling Winthrop's representative Peter Dixon

chamber, a politician of 30 years' standing. In the single transferable vote system, Mr Flynn received twice as many votes as the fourth man in the November 27 poll, in which electors were presented with a choice of seven candidates. Local issues were uppermost in the fight.

Mr Flynn is undaunted. "In the Isle of Man it is very difficult to get in the first time you stand," he told *C&D*. "I shall definitely be standing again." Mr Flynn says that his campaign was limited by a family bereavement, but he had received a lot of support and his public meetings had been well attended.



NPA director Tim Astill (second left), and detective superintendent Mr G.S. Dunwoody of the West Midlands Drug squad (far right) were after-dinner speakers at a recent NPA Midlands area dinner. They are pictured with NPA vice-chairman Mr David Thomas, (second right), and Mr Patrick Bagley, local branch chairman

APPOINTMENTS

Our fair lady

Frances Quinn has been appointed beauty reporter of *Chemist & Druggist*.

Originally from London, Frances graduated from Cambridge University in 1985 with an English degree. She joined *C&D* in June this year, after six months on *Education Equipment*, another Benn magazine.

Crookes changes

Crookes Products Ltd have reorganised their sales and marketing operation.

The marketing department will now be divided into two product groups — food and toiletries, and health care. The food and toiletries side will be led by ex-Sweetex group product manager Steve Martin, and will include products such as Farleys, Sweetex and Cream E45. The Healthcare operation will cover all OTC medicines. Its manager has yet to be announced.

David Farrar, previously national accounts controller, becomes general sales manager, and sales operations manager Phillip Cranwell now has responsibility for distributing Farleys.

North Eastern Co-operative Society: Jim Smith of Darras Hall, has been appointed as the superintendent pharmacist.

Windsor Pharmaceuticals Ltd: Arlene Griffiths has been promoted to group product manager, which will involve the development of OTC and consumer health care business. She has worked as product manager on existing brands since joining the company in 1984.

Jean Sorelle Ltd: Keith Fox is appointed managing director of the company, which forms part of Kingsrange Products Ltd.

Pranavite Slim: John Church is appointed marketing director. He has previously worked with Northern Foods.

Revlon International (UK Branch): Tony Martin is appointed sales director to Groups 1 and 111, which will involve sales organisation for Ultima 11, Revlon cosmetics and fragrances and Charlie fragrance. Mr Martin has previously worked for Helena Rubinstein and Coty International.

Unichem: Brian Sills joins as area sales manager for the Midlands. He has previous experience of the pharmaceutical industry, most recently with Regent Laboratories. Also joining the sales team are Katrina Elliott, who has been appointed area representative for South Essex and East London; David Hardman, who becomes area representative responsible for sales in South Cumbria, Lancashire and part of North Yorkshire; and Nick Savchenko who joins as Shropshire and Staffordshire area representative.

DEATHS

Rabinovitch: Eve Rabinovitch, wife of Jacob and partner and co-director of LAB (Laboratory of Applied Biology Ltd) passed away on November 7. She was trained as a chemist in Palestine and the Sorbonne, Paris. She escaped the occupying forces in 1940 and came to Britain where she helped establish LAB. She was attentive to the needs of the company's employees and will be sadly missed by them all.



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Source: Martin-Hamblin

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